

Fill in this information to identify the case:

United States Bankruptcy Court for the:

Southern District of Texas

Case number (if known): _____ Chapter 7☐ Check if this is an amended filing**Official Form 201****Voluntary Petition for Non-Individuals Filing for Bankruptcy****04/20**If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.**1. Debtor's name**Aquilon Energy Services, Inc.**2. All other names debtor used in the last 8 years**Include any assumed names, trade names, and *doing business as* names**3. Debtor's federal Employer Identification Number (EIN)**4 5 - 5 5 9 3 2 0 2**4. Debtor's address****Principal place of business**808 Travis St Ste 400

Number Street

Houston, TX 77002-5791

City State ZIP Code

Harris

County

Mailing address, if different from principal place of business

Number Street

P.O. Box

City State ZIP Code

Location of principal assets, if different from principal place of business

Number Street

City State ZIP Code

5. Debtor's website (URL)**6. Type of debtor**☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))☐ Partnership (excluding LLP)☐ Other. Specify: _____

Debtor Aquilon Energy Services, Inc.
Name _____

Case number (if known) _____

7. Describe debtor's business**A. Check one:**

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

5 1 8 2**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

A debtor who is a "small business debtor" must check the first subbox. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box

Check one:☒ Chapter 7☐ Chapter 9☐ Chapter 11. **Check all that apply:**

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11.** If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**☒ No☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY

If more than 2 cases, attach a separate list.

District _____ When _____ Case number _____
MM / DD / YYYY**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**☒ No☐ Yes. Debtor _____ Relationship _____

List all cases. If more than 1, attach a separate list.

District _____ When _____ Case number, if known _____
MM / DD / YYYY

Debtor Aquilon Energy Services, Inc.
Name

Case number (if known) _____

11. Why is the case filed in this district?*Check all that apply:*

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** *(Check all that apply.)*

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard?

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other _____**Where is the property?** _____

Number Street

City

State

ZIP Code

Is the property insured?☐ No

☐ Yes. Insurance agency _____
Contact name _____
Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds?***Check one:*

- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

- ☐ 1-49 ☐ 50-99 ☐ 1,000-5,000 ☐ 5,001-10,000 ☐ 25,001-50,000 ☐ 50,000-100,000
- ☒ 100-199 ☐ 200-999 ☐ 10,001-25,000 ☐ More than 100,000

15. Estimated assets

- ☐ \$0-\$50,000 ☐ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
- ☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
- ☒ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
- ☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

Debtor Aquilon Energy Services, Inc.
Name

Case number (if known) _____

16. Estimated liabilities

- | | | |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input checked="" type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Request for Relief, Declaration, and Signatures**WARNING --**

Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

- The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
- I have been authorized to file this petition on behalf of the debtor.
- I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 05/03/2021
MM/ DD/ YYYY

X

/s/ Randy Wilson
Signature of authorized representative of debtor

Randy Wilson
Printed name

Title Chief Executive Officer

18. Signature of attorney

X

/s/ Randy Williams
Signature of attorney for debtor

Date 05/03/2021
MM/ DD/ YYYY

Randy Williams
Printed name

Byman & Associates, PLLC
Firm name

7924 Broadway Suite 104
Number Street

Pearland TX 77581
City State ZIP Code

(281) 884-9262 rww@bymanlaw.com
Contact phone Email address

21566850 TX
Bar number State

**AQUILON ENERGY SERVICES, INC.
BOARD CONSENT RESOLUTIONS**

The Board of Aquilon Energy Services, Inc., a Delaware corporation (the "Company"), adopts the following resolutions:

WHEREAS, it is in the best interest of the Company to file a voluntary petition with the United States Bankruptcy Court pursuant to Chapter 7 of Title 11 of the United States Code;

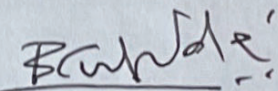
BE IT RESOLVED, that Randy Wilson (the "Authorized Person" or "Authorized Signatory"), is authorized and directed to execute and deliver all documents necessary to perfect the filing of a voluntary Chapter 7 bankruptcy case on behalf of the Company; and


BE IT FURTHER RESOLVED, that the Authorized Person is authorized and directed to appear in all Chapter 7 or related proceedings on behalf of the Company; and

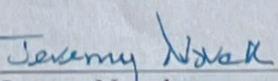
BE IT FURTHER RESOLVED, that the Company is authorized and directed to employ Randy W. Williams and the law firm of Byman & Associates PLLC to represent the Company as its bankruptcy and general counsel, pursuant to the terms of that certain Engagement Letter signed by an Authorized Person on March 16, 2021, and the Company hereby binds itself to that Engagement Letter, within such bankruptcy case and to employ other attorneys and professionals as may be necessary for the Company.

Dated this 23rd day of April, 2021.

AQUILON ENERGY SERVICES, INC.

By: 
Bhagesh Malde

By: 
Ben McDonald

By: 
Jeremy Novak

Fill in this information to identify the case:

Debtor name Aquilon Energy Services, Inc.

United States Bankruptcy Court for the:

Southern District of Texas

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets — Real and Personal Property****12/15**

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**☐ No. Go to Part 2.☒ Yes. Fill in the information below.**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****2. Cash on hand****3. Checking, savings, money market, or financial brokerage accounts** (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1 Silicon Valley BankChecking account0340\$16,233.713.2 CIBCChecking account7513\$7,922.97**4. Other cash equivalents** (Identify all)

None

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$24,156.68**Part 2: Deposits and prepayments****6. Does the debtor have any deposits or prepayments?**☐ No. Go to Part 3.☒ Yes. Fill in the information below.**Current value of debtor's interest****7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1 Millbrook Lisle 1001 LLC\$45,000.00

Debtor Aquilon Energy Services, Inc.
Name

Case number (if known) _____

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1 Hubspot \$2,291.90**Additional Page Total** - See continuation page for additional entries\$28,977.06**9. Total of Part 2**

Add lines 7 through 8 (including amounts on any additional sheets). Copy the total to line 81.

\$76,268.96**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**☐ No. Go to Part 4.☒ Yes. Fill in the information below.**Current value of debtor's interest****11. Accounts Receivable**11a. 90 days old or less: \$97,029.04 - \$97,029.04 = → \$0.00
face amount doubtful or uncollectible accounts11b. Over 90 days old: \$500.00 - \$500.00 = → \$0.00
face amount doubtful or uncollectible accounts**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$0.00**Part 4: Investments****13. Does the debtor own any investments?**☒ No. Go to Part 5.☐ Yes. Fill in the information below.**Valuation method used for current value****Current value of debtor's interest****14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

None

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of fund or stock:

% of ownership:

None

Debtor Aquilon Energy Services, Inc.
Name

Case number (if known) _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

None

17. Total of Part 4

Add lines 14 through 16 (including any additional sheets). Copy the total to line 83.

\$0.00**Part 5: Inventory, excluding agriculture assets****18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.
- ☐ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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19. Raw materials

None

20. Work in progress

None

21. Finished goods, including goods held for resale

None

22. Other inventory or supplies

None

23. Total of Part 5

Add lines 19 through 22 (including any additional sheets). Copy the total to line 84.

\$0.00**24. Is any of the property listed in Part 5 perishable?**

- ☒ No
- ☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
- ☐ Yes

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

Debtor **Aquilon Energy Services, Inc.**
Name

Case number (if known) _____

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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28. Crops — either planted or harvested

None

29. Farm animals *Examples: Livestock, poultry, farm-raised fish*

None

30. Farm machinery and equipment (Other than titled motor vehicles)

None

31. Farm and fishing supplies, chemicals, and feed

None

32. Other farming and fishing-related property not already listed in Part 6

None

33. Total of Part 6

Add lines 28 through 32. Copy the total to line 85.

\$0.00**34. Is the debtor a member of an agricultural cooperative?**

- ☒ No
- ☐ Yes. Is any of the debtor's property stored at the cooperative?
- ☐ No
- ☐ Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
- ☐ Yes

36. Is a depreciation schedule available for any of the property listed in Part 6?

- ☒ No
- ☐ Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles

Debtor Aquilon Energy Services, Inc.
Name

Case number (if known) _____

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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39. Office furniture

39.1 <u>Standing desk table</u>	<u>(Unknown)</u>		<u>\$200.00</u>
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Additional Page Total - See continuation page for additional entries

\$14,475.00**40. Office fixtures**

None

41. Office equipment, including all computer equipment and communication systems equipment and software

41.1 <u>Polycom telephones (18)</u>	<u>(Unknown)</u>		<u>\$900.00</u>
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Additional Page Total - See continuation page for additional entries

\$11,758.81**42. Collectibles** Examples: Antiques and figurines; paintings, prints or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

None

43. Total of Part 7

Add lines 39 through 42. Copy the total to line 86.

\$27,333.81**44. Is a depreciation schedule available for any of the property listed in Part 7?**

- ☒ No
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☒ No. Go to Part 9.
☐ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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Debtor Aquilon Energy Services, Inc.
Name

Case number (if known) _____

47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

None

48. Watercraft, trailers, motors, and related accessories *Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels*

None

49. Aircraft and accessories

None

50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

None

51. Total of Part 8

Add lines 47 through 50. Copy the total to line 87.

\$0.00**52. Is a depreciation schedule available for any of the property listed in Part 8?**☒ No☐ Yes**53. Has any of the property listed in Part 8 been appraised by a professional within the last year?**☒ No☐ Yes**Part 9: Real Property****54. Does the debtor own or lease any real property?**☒ No. Go to Part 10.☐ Yes. Fill in the information below.**General description**

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available

Nature and extent of debtor's interest in property**Net book value of debtor's interest**
(Where available)**Valuation method used for current value****Current value of debtor's interest****55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has interest**

None

56. Total of Part 9

Add the current value on lines 55.1 through 55.3 and entries from any addition sheets. Copy the total to line 88.

\$0.00**57. Is a depreciation schedule available for any of the property listed in Part 9?**☒ No☐ Yes

Debtor Aquilon Energy Services, Inc.
Name

Case number (if known) _____

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

☒ No☐ Yes**Part 10: Intangibles and Intellectual Property**

59. Does the debtor have any interests in intangibles or intellectual property?

☐ No. Go to Part 11.☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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60. Patents, copyrights, trademarks, and trade secrets

60.1 US TM: Aquilon Network Reg No. 6,278,950 \$0.00 (Unknown)

61. Internet domain names and websites

None

62. Licenses, franchises, and royalties

None

63. Customer lists, mailing lists, or other compilations

63.1 Customer lists (Unknown) (Unknown)

64. Other intangibles, or intellectual property

64.1 IDC and Aquilon Network Software (Unknown) (Unknown)

65. Goodwill

None

66. Total of Part 10

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. Do your lists or records include personally identifiable information of customers? (as defined in 11 U.S.C. §§ 101(41A) and 107)

☒ No☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

☒ No☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

☒ No☐ Yes

Debtor Aquilon Energy Services, Inc.
Name

Case number (if known) _____

Part 11: All other assets**70. Does the debtor own any other assets that have not yet been reported on this form?**

- ☒ No. Go to Part 12.
- ☐ Yes. Fill in the information below.

Current value of debtor's
interest**71. Notes receivable**

Description (include name of obligor)

None

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

None

73. Interests in insurance policies or annuities

None

74. Causes of action against third parties (whether or not a lawsuit has been filed)

None

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

None

76. Trusts, equitable or future interests in property

None

77. Other property of any kind not already listed Examples: Season tickets, country club membership

None

78. Total of Part 11

Add lines 71 through 77. Copy the total to line 90.

\$0.00**79. Has any of the property listed in Part 11 been appraised by a professional within the last year?**

- ☒ No
- ☐ Yes

Debtor Aquilon Energy Services, Inc.
Name _____

Case number (if known) _____

Part 12: Summary

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	<u>\$24,156.68</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$76,268.96</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$0.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; collectibles. <i>Copy line 43, Part 7.</i>	<u>\$27,333.81</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$0.00</u>	
88. Real property. <i>Copy line 56, Part 9.....</i>		→ <u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column.....	91a. <u>\$127,759.45</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92		<u>\$127,759.45</u>

Debtor Aquilon Energy Services, Inc.
Name _____

Case number (if known) _____

Additional Page**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent - Continued**

Description, including name of holder of prepayment

	Current value of debtor's interest
8.2 <u>CT Corporation</u>	<u>\$53.82</u>
8.3 <u>LogMeIn</u>	<u>\$175.65</u>
8.4 <u>Telerik</u>	<u>\$80.09</u>
8.5 <u>LiveChat</u>	<u>\$99.00</u>
8.6 <u>CDW</u>	<u>\$268.13</u>
8.7 <u>MyCommerce</u>	<u>\$23.81</u>
8.8 <u>Atlassian</u>	<u>\$110.68</u>
8.9 <u>Commodity Technology</u>	<u>\$966.67</u>
8.10 <u>Microsoft</u>	<u>\$3,000.00</u>
8.11 <u>AON</u>	<u>\$7,635.50</u>
8.12 <u>CDW</u>	<u>\$249.36</u>
8.13 <u>MyCommerce</u>	<u>\$38.97</u>
8.14 <u>LogMeIn</u>	<u>\$116.00</u>
8.15 <u>Docusign</u>	<u>\$500.25</u>
8.16 <u>Visual Cron</u>	<u>\$124.58</u>
8.17 <u>CDW</u>	<u>\$2,569.57</u>
8.18 <u>Quest</u>	<u>\$377.77</u>
8.19 <u>Quest</u>	<u>\$976.73</u>
8.20 <u>Arch Insurance/AON</u>	<u>\$11,610.48</u>

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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39. Office furniture - Continued

39.2 <u>Workstations (18)</u>	<u>(Unknown)</u>		<u>\$3,150.00</u>
39.3 <u>Workstation chairs (19)</u>	<u>(Unknown)</u>		<u>\$2,850.00</u>
39.4 <u>High bar stools (8)</u>	<u>(Unknown)</u>		<u>\$1,200.00</u>
39.5 <u>Desk</u>	<u>(Unknown)</u>		<u>\$200.00</u>
39.6 <u>Chairs (4)</u>	<u>(Unknown)</u>		<u>\$400.00</u>
39.7 <u>Table</u>	<u>(Unknown)</u>		<u>\$125.00</u>
39.8 <u>Credenza</u>	<u>(Unknown)</u>		<u>\$150.00</u>
39.9 <u>Large table</u>	<u>(Unknown)</u>		<u>\$975.00</u>
39.10 <u>Large chairs (12)</u>	<u>(Unknown)</u>		<u>\$1,800.00</u>

Debtor Aquilon Energy Services, Inc.
Name _____

Case number (if known) _____

Additional Page

39.11	<u>Owl</u>	<u>(Unknown)</u>	<u>\$600.00</u>
39.12	<u>Small table</u>	<u>(Unknown)</u>	<u>\$125.00</u>
39.13	<u>Chairs (4)</u>	<u>(Unknown)</u>	<u>\$800.00</u>
39.14	<u>Owl</u>	<u>(Unknown)</u>	<u>\$600.00</u>
39.15	<u>Large table</u>	<u>(Unknown)</u>	<u>\$650.00</u>
39.16	<u>Small table (2)</u>	<u>(Unknown)</u>	<u>\$250.00</u>
39.17	<u>Chairs (6)</u>	<u>(Unknown)</u>	<u>\$600.00</u>
41.	Office equipment - Continued		
41.2	<u>Television - Samsung - 70 inch</u>	<u>(Unknown)</u>	<u>\$200.00</u>
41.3	<u>Clear Boards (2)</u>	<u>(Unknown)</u>	<u>\$100.00</u>
41.4	<u>Television - Samsung - 50 inch</u>	<u>(Unknown)</u>	<u>\$150.00</u>
41.5	<u>Polycom Speaker Phone</u>	<u>(Unknown)</u>	<u>\$200.00</u>
41.6	<u>Click Share + 4 Adaptors</u>	<u>(Unknown)</u>	<u>\$100.00</u>
41.7	<u>Cups (286)</u>	<u>(Unknown)</u>	<u>\$1,430.00</u>
41.8	<u>Tool kit</u>	<u>(Unknown)</u>	<u>\$45.00</u>
41.9	<u>Keyboards (18)</u>	<u>(Unknown)</u>	<u>\$180.00</u>
41.10	<u>Data centers and security equipment</u>	<u>(Unknown)</u>	<u>\$7,573.81</u>
41.11	<u>Swingline Shredder</u>	<u>(Unknown)</u>	<u>\$200.00</u>
41.12	<u>Clear board</u>	<u>(Unknown)</u>	<u>\$50.00</u>
41.13	<u>24" Monitors (44)</u>	<u>(Unknown)</u>	<u>\$880.00</u>
41.14	<u>Television - Samsung - 55 inch</u>	<u>(Unknown)</u>	<u>\$150.00</u>
41.15	<u>Television - Toshiba (2)</u>	<u>(Unknown)</u>	<u>\$300.00</u>
41.16	<u>Alpine Water System</u>	<u>(Unknown)</u>	<u>\$200.00</u>

Fill in this information to identify the case:

Debtor name Aquilon Energy Services, Inc.

United States Bankruptcy Court for the:

Southern District of Texas

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?☒ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.☐ Yes. Fill in all of the information below.**Part 1:** List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.*Column A***Amount of claim**
Do not deduct the value of collateral.*Column B***Value of collateral that supports this claim****3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.****\$0.00**

Debtor Aquilon Energy Services, Inc.
Name _____

Case number (if known) _____

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1
did you enter the related
creditor?Last 4 digits of
account number for
this entity_____

Line _____

____ _ _ _

Fill in this information to identify the case:

Debtor name Aquilon Energy Services, Inc.United States Bankruptcy Court for the:
Southern District of Texas

Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507)

☐ No. Go to Part 2.☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1 Priority creditor's name and mailing address

CIMA Energy LP1221 McKinney St Ste 3700Houston, TX 77010-2046

Date or dates debt was incurred

3/12/2021Last 4 digits of account
number _____Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) _____

Remarks: Prepayment

As of the petition filing date, the claim is:

Check all that apply.

☒ Contingent☐ Unliquidated☐ Disputed

Basis for the Claim:

Is the claim subject to offset?

☒ No☐ Yes

Total claim

\$87,266.61

Priority amount

\$87,266.61

2.2 Priority creditor's name and mailing address

International Materials Inc327 Plaza RoyalBoca Raton, FL 33432

Date or dates debt was incurred

3/15/2021Last 4 digits of account
number _____Specify Code subsection of PRIORITY unsecured
claim: 11 U.S.C. § 507(a) _____

Remarks: Prepayment

As of the petition filing date, the claim is:

Check all that apply.

☒ Contingent☐ Unliquidated☐ Disputed

Basis for the Claim:

Is the claim subject to offset?

☒ No☐ Yes\$1,575.00\$1,575.00

Debtor Aquilon Energy Services, Inc.
Name _____

Case number (if known) _____

Part 1: Additional Page

<p>2.3 Priority creditor's name and mailing address</p> <p><u>J. Aron & Company LLC</u></p> <p><u>200 W Street</u></p> <p><u>New York, NY 10282</u></p> <p>Date or dates debt was incurred <u>3/15/2021</u></p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) _____</p> <p>Remarks: Prepayment</p>	<p>As of the petition filing date, the claim is: <u>\$41,666.66</u></p> <p>Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the Claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><u>\$41,666.66</u></p> <p><u>\$41,666.66</u></p>
<p>2.4 Priority creditor's name and mailing address</p> <p><u>Macquarie Energy LLC</u></p> <p><u>500 Dallas St Ste 3200</u></p> <p><u>Houston, TX 77002-4804</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) _____</p> <p>Remarks: Prepayment</p>	<p>As of the petition filing date, the claim is: <u>\$18,750.00</u></p> <p>Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the Claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><u>\$18,750.00</u></p> <p><u>\$18,750.00</u></p>
<p>2.5 Priority creditor's name and mailing address</p> <p><u>Morgan Stanley Capital Group Inc</u></p> <p><u>1585 Broadway</u></p> <p><u>New York, NY 10036</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) _____</p> <p>Remarks: Prepayment</p>	<p>As of the petition filing date, the claim is: <u>\$14,000.00</u></p> <p>Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the Claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><u>\$14,000.00</u></p> <p><u>\$14,000.00</u></p>

Debtor Aquilon Energy Services, Inc.
Name _____

Case number (if known) _____

Part 1: Additional Page

2.6 Priority creditor's name and mailing address <u>Randy Wilson</u> <u>206 Reinerman St</u> <u>Houston, TX 77007-7229</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>7</u> <u>7</u> <u>4</u> <u>5</u> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) <u>(4)</u> Remarks: <u>Guaranteed Severance</u>	As of the petition filing date, the claim is: <u>\$125,000.00</u> <u>\$10,000.00</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the Claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.7 Priority creditor's name and mailing address <u>Symmetry Energy Solutions</u> <u>1111 Louisiana St Ste B-241</u> <u>Houston, TX 77002-5230</u> Date or dates debt was incurred <u>3/15/2021</u> Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) _____ Remarks: <u>Prepayment</u>	As of the petition filing date, the claim is: <u>\$60,000.00</u> <u>\$60,000.00</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the Claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Aquilon Energy Services, Inc.
Name _____

Case number (if known) _____

Part 2: List All Creditors with NONPRIORITY Unsecured Claims**3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
3.1	Nonpriority creditor's name and mailing address <u>A Super Shine</u> <u>Alba S Godoy</u> <u>Po Box 550863</u> <u>Houston, TX 77255-0863</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>unknown</u>
3.2	Nonpriority creditor's name and mailing address <u>ADP</u> <u>1 Adp Blvd</u> <u>Roseland, NJ 07068-1728</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>unknown</u>
3.3	Nonpriority creditor's name and mailing address <u>Advent Systems, Inc.</u> <u>435 W Fullerton Ave</u> <u>Elmhurst, IL 60126-1404</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>unknown</u>
3.4	Nonpriority creditor's name and mailing address <u>All Savers Health Plans and Services</u> <u>3100 Ams Blvd</u> <u>Green Bay, WI 54313-9700</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>unknown</u>
3.5	Nonpriority creditor's name and mailing address <u>Allegro Development Corporation</u> <u>600 N Pearl St Ste 2000</u> <u>Dallas, TX 75201-2822</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>unknown</u>

Debtor Aquilon Energy Services, Inc.
Name _____

Case number (if known) _____

Part 2: Additional Page

3.6 Nonpriority creditor's name and mailing address <u>American Airlines, Inc</u> <u>AAirpass Customer Service - MD4106</u> <u>4255 Amon Carter Blvd</u> <u>Fort Worth, TX 76155-2603</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.7 Nonpriority creditor's name and mailing address <u>Anna Dynia CPA, LLC</u> <u>20 Danada Sq W Unit 120</u> <u>Wheaton, IL 60189-2000</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.8 Nonpriority creditor's name and mailing address <u>Aon Risk Services Central, Inc.</u> <u>75 Remittance Dr Dept 1926</u> <u>Chicago, IL 60675-1926</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.9 Nonpriority creditor's name and mailing address <u>Arch Insurance Company</u> <u>210 Hudson St Ste 300</u> <u>Jersey City, NJ 07311-1206</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.10 Nonpriority creditor's name and mailing address <u>Atlassian</u> <u>1098 Harrison St</u> <u>San Francisco, CA 94103-4521</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Aquilon Energy Services, Inc.
Name _____

Case number (if known) _____

Part 2: Additional Page

3.11 Nonpriority creditor's name and mailing address <u>Bank of America NA</u> <u>20 Greenway Plz Ste 700</u> <u>Houston, TX 77046-2006</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.12 Nonpriority creditor's name and mailing address <u>BlueCross BlueShield of Illinois</u> <u>Health Care Service Corporation</u> <u>25550 Network PI</u> <u>Chicago, IL 60673-1255</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.13 Nonpriority creditor's name and mailing address <u>BMD Consulting</u> <u>Po Box 40249</u> <u>Austin, TX 78704-0005</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.14 Nonpriority creditor's name and mailing address <u>Bruce Power LP</u> <u>Bldg 1540, Bldg B10</u> <u>177 Tie Road</u> <u>Kincardine, ON, Canada N06 2T0,</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.15 Nonpriority creditor's name and mailing address <u>Canteen Refreshment Services</u> <u>Division of Compass Group</u> <u>940 Lively Blvd</u> <u>Wood Dale, IL 60191-1204</u> Date or dates debt was incurred <u>9/16/2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$216.50</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Aquilon Energy Services, Inc.
Name _____

Case number (if known) _____

Part 2: Additional Page

3.16 Nonpriority creditor's name and mailing address <u>CCM-Cameron Esperson Owner, LP</u> <u>808 Travis St Ste 102</u> <u>Houston, TX 77002-5775</u> Date or dates debt was incurred <u>2/22/2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <u>\$11,355.00</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.17 Nonpriority creditor's name and mailing address <u>Centerpoint Energy Services Inc</u> <u>Po Box 1374</u> <u>Houston, TX 77251-1374</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>8 6 4 3</u>	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.18 Nonpriority creditor's name and mailing address <u>Century Link</u> <u>Executive Plaza III</u> <u>11350 McCormick Rd Ste 800</u> <u>Hunt Valley, MD 21031-1002</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> Remarks: Accounting error by Century Link	As of the petition filing date, the claim is: <u>\$24,924.55</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.19 Nonpriority creditor's name and mailing address <u>Certify, Inc.</u> <u>Po Box 780965</u> <u>Philadelphia, PA 19178-0965</u> Date or dates debt was incurred <u>2/28/2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <u>\$105.00</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.20 Nonpriority creditor's name and mailing address <u>Charles Bayless Arizona</u> <u>7300 N Sunset Canyon Dr</u> <u>Tucson, AZ 85718-1258</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Aquilon Energy Services, Inc.
Name _____

Case number (if known) _____

Part 2: Additional Page

3.21 Nonpriority creditor's name and mailing address <u>Charles Bayless NC</u> <u>403 Tuttle Rd</u> <u>Durham, NC 27703-8386</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.22 Nonpriority creditor's name and mailing address <u>Citadel Americas LLC</u> <u>131 S Dearborn St</u> <u>Chicago, IL 60603-5517</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.23 Nonpriority creditor's name and mailing address <u>Citigroup Energy, Inc.</u> <u>2700 Post Oak Ste 400</u> <u>Houston, TX 77056</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.24 Nonpriority creditor's name and mailing address <u>Citigroup Energy, Inc.</u> <u>2700 Post Oak Ste 400</u> <u>Houston, TX 77056</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.25 Nonpriority creditor's name and mailing address <u>City of Chicago</u> <u>22149 Network PI</u> <u>Chicago, IL 60673-1221</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Aquilon Energy Services, Inc.
Name _____

Case number (if known) _____

Part 2: Additional Page

3.26 Nonpriority creditor's name and mailing address <u>Clear Investigative</u> <u>2801 Network Blvd #101</u> <u>Frisco, TX 75034</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.27 Nonpriority creditor's name and mailing address <u>Cogent Communications, Inc.</u> <u>PO Box 791087</u> <u>Baltimore, MD 21279-1087</u> Date or dates debt was incurred <u>2/1/2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$1,150.00</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.28 Nonpriority creditor's name and mailing address <u>Comcast Business</u> <u>Po Box 37601</u> <u>Philadelphia, PA 19101-0601</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.29 Nonpriority creditor's name and mailing address <u>Comcast Inc</u> <u>Po Box 3001</u> <u>Southeastern, PA 19398-3001</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.30 Nonpriority creditor's name and mailing address <u>ComEd, Inc.</u> <u>Po Box 6111</u> <u>Carol Stream, IL 60197-6111</u> Date or dates debt was incurred <u>2/24/2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$65.01</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Aquilon Energy Services, Inc.
Name _____

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3.31 Nonpriority creditor's name and mailing address <u>Committee of Chief Risk Officers, Inc.</u> <u>8000 Research Forest Dr Ste 115 #278</u> <u>The Woodlands, TX 77382-1506</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.32 Nonpriority creditor's name and mailing address <u>Commodity Risk Advisors, LLC</u> <u>6010 Blossom St</u> <u>Houston, TX 77007-5002</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.33 Nonpriority creditor's name and mailing address <u>Commodity Technology Advisory LLC</u> <u>19901 Southwest Fwy Ste 140</u> <u>Sugar Land, TX 77479-6538</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.34 Nonpriority creditor's name and mailing address <u>Concurrency, Inc.</u> <u>13600 Bishops Ct</u> <u>Brookfield, WI 53005-6211</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.35 Nonpriority creditor's name and mailing address <u>CoverWallet Inc</u> <u>Po Box 22395</u> <u>New York, NY 10087-0001</u> Date or dates debt was incurred <u>3/23/2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.36 Nonpriority creditor's name and mailing address <u>CT Corporation</u> <u>Po Box 4349</u> <u>Carol Stream, IL 60197-4349</u> Date or dates debt was incurred <u>12/26/2020</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <u>\$1,007.95</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.37 Nonpriority creditor's name and mailing address <u>Delaware Secretary of State</u> <u>Division of Corporations</u> <u>Po Box 5509</u> <u>Binghamton, NY 13902-5509</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.38 Nonpriority creditor's name and mailing address <u>Delta Dental of Illinois-Risk</u> <u>Po Box 804067</u> <u>Chicago, IL 60680-4067</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.39 Nonpriority creditor's name and mailing address <u>Docusign</u> <u>221 Main St Ste 1550</u> <u>San Francisco, CA 94105-1947</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.40 Nonpriority creditor's name and mailing address <u>Dropbox</u> <u>1800 Owens St Ste 200</u> <u>San Francisco, CA 94158-2381</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.41 Nonpriority creditor's name and mailing address <u>Dugan & Lopatka CPAs</u> <u>4320 Winfield Rd Ste 450</u> <u>Warrenville, IL 60555-4036</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.42 Nonpriority creditor's name and mailing address <u>Ector County Energy Center LLC</u> <u>1 S Wacker Dr Ste 1800</u> <u>Chicago, IL 60606-4630</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.43 Nonpriority creditor's name and mailing address <u>Energize Ventures</u> <u>1 S Wacker Dr Ste 1620</u> <u>Chicago, IL 60606-4671</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.44 Nonpriority creditor's name and mailing address <u>ENGIE Energy Marketing NA, Inc</u> <u>1990 Post Oak Blvd Ste 1900</u> <u>Houston, TX 77056-3831</u> Date or dates debt was incurred <u>10/31/2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$10,793.25</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.45 Nonpriority creditor's name and mailing address <u>ENI Trading and Shipping Inc</u> <u>1200 Smith St Ste 1707</u> <u>Houston, TX 77002-4372</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.46 Nonpriority creditor's name and mailing address <u>Ernst & Young U.S. LLP</u> <u>3712 Solutions Ctr</u> <u>Chicago, IL 60677-3007</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.47 Nonpriority creditor's name and mailing address <u>eShares, Inc.</u> <u>195 Page Mill Rd Ste 101</u> <u>Palo Alto, CA 94306-2073</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.48 Nonpriority creditor's name and mailing address <u>Eye Med</u> <u>Fidelity Security Life Insurance Co.</u> <u>Po Box 632530</u> <u>Cincinnati, OH 45263-2530</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.49 Nonpriority creditor's name and mailing address <u>Francis X. Egan</u> <u>1142 Ash St</u> <u>Winnetka, IL 60093-2104</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.50 Nonpriority creditor's name and mailing address <u>Go Daddy</u> <u>14455 N Hayden Rd</u> <u>Scottsdale, AZ 85260-6993</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.51 Nonpriority creditor's name and mailing address <u>Goldman Sachs Principal Strategic Investments</u> <u>200 West St</u> <u>New York, NY 10282-2102</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.52 Nonpriority creditor's name and mailing address <u>HALOCK Security Labs</u> <u>Remington Associates, Ltd</u> <u>1834 Walden Office Sq Ste 200</u> <u>Schaumburg, IL 60173-4296</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.53 Nonpriority creditor's name and mailing address <u>Hart Energy</u> <u>1616 S Voss Rd Ste 1000</u> <u>Houston, TX 77057-2641</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.54 Nonpriority creditor's name and mailing address <u>HCL America Inc</u> <u>330 Potrero Ave</u> <u>Sunnyvale, CA 94085-4113</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.55 Nonpriority creditor's name and mailing address <u>HoganTaylor LLP</u> <u>2222 S Utica Pl Ste 200</u> <u>Tulsa, OK 74114-7013</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.56 Nonpriority creditor's name and mailing address <u>HubSpot, Inc</u> <u>Po Box 419842</u> <u>Boston, MA 02241-9842</u> Date or dates debt was incurred <u>2/28/2021</u> Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <u>\$6,875.70</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.57 Nonpriority creditor's name and mailing address <u>IBM Corporation</u> <u>Po Box 643600</u> <u>Pittsburgh, PA 15264-3600</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.58 Nonpriority creditor's name and mailing address <u>Indianapolis Power & Light Company</u> <u>1 Monument Cir</u> <u>Indianapolis, IN 46202</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.59 Nonpriority creditor's name and mailing address <u>Infinity Consulting Solutions, Inc</u> <u>462 7th Ave Fl 2</u> <u>New York, NY 10018-7847</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.60 Nonpriority creditor's name and mailing address <u>Invenergy Nelson LLC</u> <u>1 S Wacker Dr Ste 1800</u> <u>Chicago, IL 60606-4630</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u>	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.61 Nonpriority creditor's name and mailing address <u>IP Successor Fund 21 LP</u> <u>1143 Ash St</u> <u>Winnetka, IL 60093-2103</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.62 Nonpriority creditor's name and mailing address <u>JAM UK Trading Ltd</u> <u>Unit 25 Boxted Business Park</u> <u>Berlkhamated Rd</u> <u>Hemel Hempstead, UK,</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.63 Nonpriority creditor's name and mailing address <u>Jazz HR</u> <u>1501 Reedsdale St Ste 403</u> <u>Pittsburgh, PA 15233-2306</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.64 Nonpriority creditor's name and mailing address <u>Jet Brains</u> <u>989 E Hillsdale Blvd Ste 200</u> <u>Foster City, CA 94404-2189</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.65 Nonpriority creditor's name and mailing address <u>John W Egan</u> <u>1264 Forest Glen Dr N</u> <u>Winnetka, IL 60093-1423</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.66 Nonpriority creditor's name and mailing address <u>K2 Commodities LLC</u> <u>1125 17th St</u> <u>Denver, CO 80202-2025</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.67 Nonpriority creditor's name and mailing address <u>Knight Security Systems, LLC</u> <u>Po Box 543292</u> <u>Dallas, TX 75354-3292</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.68 Nonpriority creditor's name and mailing address <u>KPMG LLP</u> <u>Po Box 120511 Dept 0511</u> <u>Dallas, TX 75312-0511</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.69 Nonpriority creditor's name and mailing address <u>Linkedin Corporation</u> <u>62228 Collections Center Dr</u> <u>Chicago, IL 60693-0001</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.70 Nonpriority creditor's name and mailing address <u>Live Chat</u> <u>101 Arch St Fl 8</u> <u>Boston, MA 02110-7500</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.71 Nonpriority creditor's name and mailing address <u>Lochman Krane International, Inc</u> <u>205 E Butterfield Rd Pmb 300</u> <u>Elmhurst, IL 60126-7200</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.72 Nonpriority creditor's name and mailing address <u>LOGIX Communications, LP</u> <u>Po Box 3608</u> <u>Houston, TX 77253-3608</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.73 Nonpriority creditor's name and mailing address <u>Macquarie Energy LLC</u> <u>500 Dallas St Ste 3300</u> <u>Houston, TX 77002-4719</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.74 Nonpriority creditor's name and mailing address <u>Mansfield Oil Company</u> <u>1025 Airport Pkwy</u> <u>Gainesville, GA 30501-6813</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.75 Nonpriority creditor's name and mailing address <u>McMillan LLP</u> <u>Brookfield Place</u> <u>181 Bay Street Suite 4400</u> <u>Toronto, Ontario, Canada M5J 2T3,</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.76 Nonpriority creditor's name and mailing address <u>Merchology</u> <u>121 Cheshire Ln N Ste 100</u> <u>Minneapolis, MN 55305</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.77 Nonpriority creditor's name and mailing address <u>Michael Best & Friedrich, LLC</u> <u>Po Box 88462</u> <u>Milwaukee, WI 53288-8462</u> Date or dates debt was incurred <u>2/22/2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
3.78 Nonpriority creditor's name and mailing address <u>Michael E Egan</u> <u>911 Euclid Ave</u> <u>Winnetka, IL 60093-1417</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.79 Nonpriority creditor's name and mailing address <u>Microsoft Corporation</u> <u>LB #842467</u> <u>1950 N Stemmons Fwy Ste 5010</u> <u>Dallas, TX 75207-3199</u> Date or dates debt was incurred <u>3/9/2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$23,666.09</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.80 Nonpriority creditor's name and mailing address <u>Millbrook Lisle 1001, LLC</u> <u>485 E Half Day Rd Ste 220</u> <u>Buffalo Grove, IL 60089-8806</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$283,826.14</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

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3.81 Nonpriority creditor's name and mailing address <u>Mitsui & Co. Energy Marketing and Services (usa), Inc.</u> <u>1300 Post Oak Blvd Ste 1700</u> <u>Houston, TX 77056-3081</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.82 Nonpriority creditor's name and mailing address <u>Modis</u> <u>Dept Ch 10682</u> <u>Palatine, IL 60055-0001</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.83 Nonpriority creditor's name and mailing address <u>Monaco</u> <u>205 E 42nd St Fl 14</u> <u>New York, NY 10017-5752</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.84 Nonpriority creditor's name and mailing address <u>MRE Consulting Ltd</u> <u>3800 Buffalo Speedway Ste 200</u> <u>Houston, TX 77098-3725</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.85 Nonpriority creditor's name and mailing address <u>Murray Family Group</u> <u>11 Kent Rd</u> <u>Winnetka, IL 60093-1815</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.86 Nonpriority creditor's name and mailing address <u>MyOfficeProducts LLC</u> <u>Po Box 32193</u> <u>New York, NY 10087-3193</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.87 Nonpriority creditor's name and mailing address <u>Namely, Inc</u> <u>Dept Ch 17603</u> <u>Palatine, IL 60055-7603</u> Date or dates debt was incurred <u>8/17/2020</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.88 Nonpriority creditor's name and mailing address <u>Nationwide TFS</u> <u>500 N Broadway Ste 240</u> <u>Jericho, NY 11753-2111</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.89 Nonpriority creditor's name and mailing address <u>Net Firms</u> <u>10 Corporate Dr Ste 300</u> <u>Burlington, MA 01803-4200</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.90 Nonpriority creditor's name and mailing address <u>New Jersey Division of Taxation</u> <u>Po Box 666</u> <u>Trenton, NJ 08646-0666</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.91 Nonpriority creditor's name and mailing address <u>North American Energy Standards Board</u> <u>801 Travis St Ste 1675</u> <u>Houston, TX 77002-5777</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.92 Nonpriority creditor's name and mailing address <u>Notarize Inc</u> <u>1 Marina Park Dr</u> <u>Boston, MA 02210-1832</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.93 Nonpriority creditor's name and mailing address <u>NYC Department of Finance</u> <u>Po Box 3933</u> <u>New York, NY 10008-3933</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.94 Nonpriority creditor's name and mailing address <u>Objective Paradigm Inc</u> <u>223 W Jackson Blvd Ste 950</u> <u>Chicago, IL 60606-6979</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.95 Nonpriority creditor's name and mailing address <u>Origin LLC</u> <u>813 Greenleaf St Ste 1</u> <u>Evanston, IL 60202-1333</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.96	Nonpriority creditor's name and mailing address <u>Partners Electric Services</u> <u>7303 Windfern Rd Ste 200</u> <u>Houston, TX 77040-2312</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.97	Nonpriority creditor's name and mailing address <u>Peter S Egan</u> <u>550 Ash St</u> <u>Winnetka, IL 60093-2662</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.98	Nonpriority creditor's name and mailing address <u>Platinum Parking</u> <u>930 Main St Ste T280</u> <u>Houston, TX 77002-6224</u> Date or dates debt was incurred <u>2/22/2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$955.00</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.99	Nonpriority creditor's name and mailing address <u>Powar Energy Inc</u> <u>1510 S Humboldt St</u> <u>Denver, CO 80210-2832</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.100	Nonpriority creditor's name and mailing address <u>PR Newswire Association LLC</u> <u>Po Box 5897</u> <u>New York, NY 10087-5897</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.101	Nonpriority creditor's name and mailing address <u>Prestige Staffing</u> <u>8010 Roswell Rd Ste 330</u> <u>Atlanta, GA 30350-7014</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.102	Nonpriority creditor's name and mailing address <u>Professional Decorating & Painting Inc</u> <u>7149 N Austin Ave</u> <u>Niles, IL 60714-4617</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.103	Nonpriority creditor's name and mailing address <u>Publicis Sapien</u> <u>Po Box 4886</u> <u>Boston, MA 02212-4886</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.104	Nonpriority creditor's name and mailing address <u>R. Michael Murray Jr</u> <u>Rebecca Murray</u> <u>11 Kent Road</u> <u>Winnetka, IL 60093</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.105	Nonpriority creditor's name and mailing address <u>R.L. Wolff & Associates</u> <u>2138 Richmond Ave</u> <u>Houston, TX 77098-3327</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.106	Nonpriority creditor's name and mailing address <u>Redgate</u> <u>144 W Colorado Blvd Ste 200</u> <u>Pasadena, CA 91105-1953</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.107	Nonpriority creditor's name and mailing address <u>ReedSmith LLP</u> <u>2672 Paysphere Circle</u> <u>Chicago, IL 60674-0001</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.108	Nonpriority creditor's name and mailing address <u>RingCentral, Inc.</u> <u>20 Davis Dr</u> <u>Belmont, CA 94002-3002</u> Date or dates debt was incurred <u>3/1/2021</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$1,053.06</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.109	Nonpriority creditor's name and mailing address <u>Rival Colour Limited</u> <u>Unit 1 Centre Business Park</u> <u>53 Norman Road</u> <u>Greenwich, London, UK SE10 9QF,</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.110	Nonpriority creditor's name and mailing address <u>Romero Creative and Marketing LLC</u> <u>1334 Brittmoore Rd Ste 1314</u> <u>Houston, TX 77043-4035</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.111 Nonpriority creditor's name and mailing address <u>Sage Intacct, Inc</u> <u>Po Box 123237 Dept 3237</u> <u>Dallas, TX 75312-3237</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.112 Nonpriority creditor's name and mailing address <u>Salesforce.com Inc</u> <u>Po Box 203141</u> <u>Dallas, TX 75320-3141</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.113 Nonpriority creditor's name and mailing address <u>Schumacher Cargo</u> <u>550 W 135th St</u> <u>Gardena, CA 90248-1506</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.114 Nonpriority creditor's name and mailing address <u>Secretary of State</u> <u>Department of Business Services</u> <u>501 S 2nd St</u> <u>Springfield, IL 62756-1000</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.115 Nonpriority creditor's name and mailing address <u>Sikich LLP</u> <u>1415 W Diehl Rd</u> <u>Naperville, IL 60563</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.116 Nonpriority creditor's name and mailing address <u>Silicon Valley Bank</u> <u>PO Box 660254</u> <u>Naperville, IL 60563</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.117 Nonpriority creditor's name and mailing address <u>St. Clair Power LP</u> <u>1 S Wacker Dr Ste 1800</u> <u>Chicago, IL 60606-4630</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.118 Nonpriority creditor's name and mailing address <u>State of California</u> <u>Employment Development Department</u> <u>PO Box 826215 MIC 3A</u> <u>Sacramento, CA 94230-6215</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.119 Nonpriority creditor's name and mailing address <u>State of New Jersey</u> <u>Department of Employer Accounts</u> <u>Po Box 929</u> <u>Trenton, NJ 08646-0929</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.120 Nonpriority creditor's name and mailing address <u>State of Texas</u> <u>Comptroller of Public Accounts</u> <u>111 E 17th St</u> <u>Austin, TX 78774-1440</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.121	Nonpriority creditor's name and mailing address <u>Steven Provenzano</u> <u>Lyndon B Johnson State Office Building</u> <u>Houston, TX 77005</u>	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Date or dates debt was incurred _____ Last 4 digits of account number _____	3.122	Nonpriority creditor's name and mailing address <u>Stinnett & Associates</u> <u>111 E 17th St</u> <u>Tulsa, OK 74119</u>	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Date or dates debt was incurred _____ Last 4 digits of account number _____	3.123	Nonpriority creditor's name and mailing address <u>Streng Agency</u> <u>2325 Dean St</u> <u>Saint Charles, IL 60175-4810</u>	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Date or dates debt was incurred _____ Last 4 digits of account number _____	3.124	Nonpriority creditor's name and mailing address <u>Student Engineers' Council</u> <u>Tamu 3127</u> <u>College Sta, TX 77843-0001</u>	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Date or dates debt was incurred _____ Last 4 digits of account number _____	3.125	Nonpriority creditor's name and mailing address <u>SVB Credit Card</u> <u>Silicon Valley Bank</u> <u>Po Box 660254</u> <u>Dallas, TX 75266-0254</u>	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Date or dates debt was incurred _____ Last 4 digits of account number _____			

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3.126	Nonpriority creditor's name and mailing address <u>Syncfusion</u> <u>2501 Aerial Center Pkwy Ste 200</u> <u>Morrisville, NC 27560-7685</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.127	Nonpriority creditor's name and mailing address <u>TechOptimus Inc</u> <u>7907 S Rice Ave</u> <u>Bellaire, TX 77401-5709</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.128	Nonpriority creditor's name and mailing address <u>Telerik</u> <u>14 Oak Park Dr</u> <u>Bedford, MA 01730-1414</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.129	Nonpriority creditor's name and mailing address <u>Texas Workforce Commission</u> <u>Austin, TX 78778-0091</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.130	Nonpriority creditor's name and mailing address <u>The Guardian Life Insurance Company of America</u> <u>10 Hudson Yards</u> <u>New York, NY 10001-2157</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.131	Nonpriority creditor's name and mailing address <u>The Hartford</u> <u>Po Box 660916</u> <u>Dallas, TX 75266-0916</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.132	Nonpriority creditor's name and mailing address <u>The Jenkins Group Inc</u> <u>300 Park Blvd Ste 250</u> <u>Itasca, IL 60143-2655</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.133	Nonpriority creditor's name and mailing address <u>The Reserves Network Inc</u> <u>Po Box 373415</u> <u>Cleveland, OH 44193-0001</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.134	Nonpriority creditor's name and mailing address <u>Thomson Reuters (GRC) Inc</u> <u>Po Box 412197</u> <u>Boston, MA 02241-2197</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.135	Nonpriority creditor's name and mailing address <u>Tradehelm Inc</u> <u>26w155 Prestwick Ln</u> <u>Winfield, IL 60190-2308</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Aquilon Energy Services, Inc.
Name _____

Case number (if known) _____

Part 2: Additional Page

3.136 Nonpriority creditor's name and mailing address <u>Trebloc Management & Consulting Ltd</u> <u>941 4A Street NW</u> <u>Calgary, Alberta, Canada ,</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.137 Nonpriority creditor's name and mailing address <u>Uniper Global commodities North America LP</u> <u>181 W Madison St Ste 3450</u> <u>Chicago, IL 60602-4576</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.138 Nonpriority creditor's name and mailing address <u>University of Houston</u> <u>Bauer College of Business</u> <u>4750 Calhoun Rd</u> <u>Houston, TX 77204-6021</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.139 Nonpriority creditor's name and mailing address <u>University of Houston</u> <u>Cullen College of Engineering</u> <u>4750 Calhoun Rd Bldg 2 E312</u> <u>Houston, TX 77204-6021</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.140 Nonpriority creditor's name and mailing address <u>Unum Life Insurance Company of America</u> <u>Po Box 406990</u> <u>Atlanta, GA 30384-6990</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Aquilon Energy Services, Inc.
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Part 2: Additional Page

3.141 Nonpriority creditor's name and mailing address <u>Up Trends</u> <u>1800 Nw Corporate Blvd Ste 202</u> <u>Boca Raton, FL 33431-7336</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.142 Nonpriority creditor's name and mailing address <u>Verizon Communications Inc</u> <u>Po Box 25505</u> <u>Lehigh Valley, PA 18002-5505</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.143 Nonpriority creditor's name and mailing address <u>Visual Cron</u> <u>NetCart AB Majv 6A 191 40</u> <u>Spollentuna, Sweden,</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.144 Nonpriority creditor's name and mailing address <u>WageWorks Inc</u> <u>15 W Scenic Pointe Dr Ste 100</u> <u>Draper, UT 84020-6120</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.145 Nonpriority creditor's name and mailing address <u>WeWork</u> <u>222 S Riverside Plz</u> <u>Chicago, IL 60606-5808</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Aquilon Energy Services, Inc.
Name _____

Case number (if known) _____

Part 2: Additional Page

3.146	Nonpriority creditor's name and mailing address <u>WP Engine</u> <u>504 Lavaca St Ste 1000</u> <u>Austin, TX 78701-2857</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.147	Nonpriority creditor's name and mailing address <u>Zensar, Inc</u> <u>55 W Monroe St Ste 1200</u> <u>Chicago, IL 60603-5127</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.148	Nonpriority creditor's name and mailing address <u>Zoom</u> <u>55 Almaden Blvd Ste 400</u> <u>San Jose, CA 95113-1611</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor **Aquilon Energy Services, Inc.**
 Name _____

Case number (if known) _____

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1	5a.	<u>\$348,258.27</u>
5b. Total claims from Part 2	5b. +	<u>\$365,993.25</u>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	<u>\$714,251.52</u>

Fill in this information to identify the case:

Debtor name Aquilon Energy Services, Inc.United States Bankruptcy Court for the:
Southern District of TexasCase number (if known): _____ Chapter 7☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15****Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.**

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1	State what the contract or lease is for and the nature of the debtor's interest <u>Leased space</u> <u>Contract to be REJECTED</u>	<u>Cameron Management</u> <u>808 Travis St Ste 102</u> <u>Houston, TX 77002-5775</u>
	State the term remaining <u>21 months</u>	
	List the contract number of any government contract _____	
2.2	State what the contract or lease is for and the nature of the debtor's interest <u>Leased space</u> <u>Contract to be REJECTED</u>	<u>Millbrook Lisle</u> <u>1001 Warrenville Rd</u> <u>Lisle, IL 60532-1391</u>
	State the term remaining <u>20 months</u>	
	List the contract number of any government contract _____	
2.3	State what the contract or lease is for and the nature of the debtor's interest _____ _____	_____ _____
	State the term remaining _____	_____
	List the contract number of any government contract _____	_____
2.4	State what the contract or lease is for and the nature of the debtor's interest _____ _____	_____ _____
	State the term remaining _____	_____
	List the contract number of any government contract _____	_____
2.5	State what the contract or lease is for and the nature of the debtor's interest _____ _____	_____ _____
	State the term remaining _____	_____
	List the contract number of any government contract _____	_____

Fill in this information to identify the case:

Debtor name Aquilon Energy Services, Inc.

United States Bankruptcy Court for the:

Southern District of Texas

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 206H****Schedule H: Codebtors****12/15****Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.****1. Does the debtor have any codebtors?**☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☐ Yes**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.****Column 1: Codebtor****Column 2: Creditor****Name****Mailing Address****Name***Check all schedules that apply:*

2.1 _____
 Street _____

 City _____ State _____ ZIP Code _____

2.2 _____
 Street _____

 City _____ State _____ ZIP Code _____

2.3 _____
 Street _____

 City _____ State _____ ZIP Code _____

2.4 _____
 Street _____

 City _____ State _____ ZIP Code _____

2.5 _____
 Street _____

 City _____ State _____ ZIP Code _____

Debtor Aquilon Energy Services, Inc.
 Name _____

Case number (if known) _____

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Name

Mailing Address

Column 2: Creditor

Name

Check all schedules
that apply:

2.6 _____
 Street _____

 City _____ State _____ ZIP Code _____

Fill in this information to identify the case:

Debtor name Aquilon Energy Services, Inc.

United States Bankruptcy Court for the:

Southern District of TexasCase number (if known): _____ Chapter 7☐ Check if this is an amended filing**Official Form 206Sum****Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)**1a. Real Property:**Copy line 88 from *Schedule A/B*.....\$0.00**1b. Total personal property:**Copy line 91A from *Schedule A/B*.....\$127,759.45**1c. Total of all property:**Copy line 92 from *Schedule A/B*.....\$127,759.45**Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*.....\$0.00**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*.....\$348,258.27**3b. Total amount of claims of non-priority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*.....**+** \$365,993.25**4. Total liabilities**.....

Lines 2 + 3a + 3b

\$714,251.52

Fill in this information to identify the case:

Debtor name Aquilon Energy Services, Inc.

United States Bankruptcy Court for the:

Southern District of Texas

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 202****Declaration Under Penalty of Perjury for Non-Individual Debtors****12/15**

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING – Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206A-Summary)
- ☐ *Amended Schedule* _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 05/03/2021
MM/ DD/ YYYY

X/s/ Randy Wilson

Signature of individual signing on behalf of debtor

Randy Wilson

Printed name

Chief Executive Officer

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Aquilon Energy Services, Inc.

United States Bankruptcy Court for the:

Southern District of Texas

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy** **04/19****The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).****Part 1: Income****1. Gross revenue from business**☐ None**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****Sources of revenue**

Check all that apply

Gross revenue

(before deductions and exclusions)

From the beginning of the fiscal year to filing date:From 01/01/2021 to Filing date
MM/ DD/ YYYY☒ Operating a business\$122,766.53☐ Other _____**For prior year:**From 01/01/2020 to 12/31/2020
MM/ DD/ YYYY MM/ DD/ YYYY☒ Operating a business\$624,067.95☐ Other _____**For the year before that:**From 01/01/2019 to 12/31/2019
MM/ DD/ YYYY MM/ DD/ YYYY☒ Operating a business\$572,928.15☐ Other _____**2. Non-business revenue**Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.☐ None**Description of sources of revenue****Gross revenue from each source**

(before deductions and exclusions)

From the beginning of the fiscal year to filing date:From 01/01/2021 to Filing date
MM/ DD/ YYYYDiscounts\$52.76**For prior year:**From 01/01/2020 to 12/31/2020
MM/ DD/ YYYY MM/ DD/ YYYYDiscounts\$97.98Non-refundable deposit\$400,000.00**Total Gross Revenue:**\$400,097.98

Debtor Aquilon Energy Services, Inc.
Name _____

Case number (if known) _____

For the year before that: From 01/01/2019 to 12/31/2019 Interest \$693.00
MM/ DD/ YYYY MM/ DD/ YYYY**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. <u>All Savers Health Plans and Services</u> Creditor's name <u>600 N Pearl St Ste 2000</u> Street <u>Dallas, TX 75201-2896</u> City State ZIP Code	<u>2/3/2021</u> <u>3/3/2021</u>	<u>\$41,295.84</u>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Employee health insurance</u>
3.2. <u>CT Corporation</u> Creditor's name <u>Po Box 4349</u> Street <u>Carol Stream, IL 60197-4349</u> City State ZIP Code	<u>3/3/2021</u>	<u>\$10,368.39</u>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Franchise taxes</u>
3.3. <u>Michael Best & Friedrich, LLC</u> Creditor's name <u>Po Box 88462</u> Street <u>Milwaukee, WI 53288-8462</u> City State ZIP Code	<u>3/4/2021</u> <u>3/17/2021</u> <u>3/31/2021</u>	<u>\$53,708.00</u>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.4. <u>Silicon Valley Bank</u> Creditor's name <u>Po Box 660254</u> Street <u>Dallas, TX 75266-0254</u> City State ZIP Code	<u>2/26/2021</u> <u>3/26/2021</u>	<u>\$9,364.01</u>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.5. <u>Texas Comptroller of Public Accounts</u> Creditor's name <u>111 East 17th Street</u> Street <u>Austin, TX 78774</u> City State ZIP Code	<u>3/2/2021</u> <u>3/24/2021</u> <u>4/15/2021</u> <u>4/15/2021</u>	<u>\$8,072.25</u>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>Taxes</u>

Debtor Aquilon Energy Services, Inc.
Name

Case number (if known) _____

3.6. CCM-Cameron Esperson Owner, LP 2/11/2021 \$11,305.00

Creditor's name

808 Travis St Ste 102

Street

Houston, TX 77002-5775

City State ZIP Code

☐ Secured debt

☐ Unsecured loan repayments

☐ Suppliers or vendors

☐ Services

☒ Other Rent

3.7. HCL America Inc 02/02/2021 \$32,475.00

Creditor's name

330 Potrero Ave

Street

Sunnyvale, CA 94085-4113

City State ZIP Code

☐ Secured debt

☐ Unsecured loan repayments

☐ Suppliers or vendors

☒ Services

☐ Other _____

3.8. HoganTaylor LLP 2/11/2021 \$53,595.00

Creditor's name

2222 S Utica Pl Ste 200

Street

3/9/2021

3/18/2021

Tulsa, OK 74114-7013

City State ZIP Code

3/25/2021

☐ Secured debt

☐ Unsecured loan repayments

☐ Suppliers or vendors

☒ Services

☐ Other _____

3.9. Lochman Krane International, Inc 2/11/2021 \$16,881.20

Creditor's name

205 E Butterfield Rd Pmb 300

Street

3/22/2021

Elmhurst, IL 60126-7200

City State ZIP Code

☐ Secured debt

☐ Unsecured loan repayments

☐ Suppliers or vendors

☒ Services

☐ Other _____

3.10. Microsoft Corporation 2/11/2021 \$50,935.46

Creditor's name

1950 N Stemmons Fwy Ste 5010

Street

3/22/2021

LB #842467

Dallas, TX 75207-3199

City State ZIP Code

☐ Secured debt

☐ Unsecured loan repayments

☒ Suppliers or vendors

☐ Services

☐ Other _____

3.11. Stinnett & Associates 2/11/2021 \$11,200.00

Creditor's name

111 E 17th St

Street

Tulsa, OK 74119

City State ZIP Code

☐ Secured debt

☐ Unsecured loan repayments

☐ Suppliers or vendors

☒ Services

☐ Other _____

3.12. Namely, Inc 4/1/2021 \$13,206.00

Creditor's name

Dept Ch 17603

Street

Palatine, IL 60055-7603

City State ZIP Code

☐ Secured debt

☐ Unsecured loan repayments

☐ Suppliers or vendors

☐ Services

☒ Other Services-Outsourced payroll

Debtor Aquilon Energy Services, Inc.
Name

Case number (if known) _____

3.13. CoverWallet Inc 4/9/2021 \$61,012.50
 Creditor's name
Po Box 22395 4/15/2021
 Street
4/28/2021
New York, NY 10087-0001
 City State ZIP Code

- ☐ Secured debt
☐ Unsecured loan repayments
☐ Suppliers or vendors
☐ Services
☒ Other D&O Insurance: run-off policy

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or co-signed by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. <u>Randy Wilson</u> Creditor's name <u>206 Reinerman St</u> Street <u>Houston, TX 77007-7229</u> City State ZIP Code Relationship to debtor	<u>semi-monthly</u>	<u>\$375,000.00</u>	<u>Salary paid semi-monthly</u>
4.2. <u>Donald Kobetsky</u> Creditor's name <u>808 Travis St Ste 400</u> Street <u>Houston, TX 77002-5791</u> City State ZIP Code Relationship to debtor	<u>semi-monthly</u>	<u>\$180,000.00</u>	<u>Salary paid semi-monthly</u>

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Description of the property	Date	Value of property
5.1. _____ Creditor's name _____ Street _____ City State ZIP Code	_____	_____	_____

Debtor Aquilon Energy Services, Inc.
Name

Case number (if known) _____

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
5.1. <u>Millbrook Lisle</u> Creditor's name <u>1001 Warrenville Rd</u> Street <u>Lisle, IL 60532-1391</u> City State ZIP Code	<u>Security Deposit</u> <u>XXXX- _ _ _ _</u>	<u>unknown</u>	<u>\$45,000.00</u>

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity —within 1 year before filing this case.

☐ None

7.1. Case title	Nature of case	Court or agency's name and address	Status of case
<u>Millbrook Lisle 1001 LLC vs.</u> <u>Aquilon Energy Services, Inc</u> Case number <u>2021L000230</u>	<u>Disputed Lease</u>	<u>DuPage County</u> Name <u>505 N County Farm Rd</u> Street <u>Wheaton, IL 60187-3907</u> City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

8.1. Custodian's name and address	Description of the property	Value
<u>Custodian's name</u> <u>Street</u> <u>City State ZIP Code</u>	Case title <u>Case number</u> Date of order or assignment	Court name and address <u>Name</u> <u>Street</u> <u>City State ZIP Code</u>

Part 4: Certain Gifts and Charitable Contributions**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☒ None

Debtor Aquilon Energy Services, Inc.
Name

Case number (if known) _____

9.1.	Recipient's name and address	Description of the gifts or contributions	Dates given	Value
	Recipient's name _____ Street _____ _____ City State ZIP Code _____ Recipient's relationship to debtor _____ _____			

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Date of loss	Value of property lost
10.1. _____			

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

11.1.	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
	Byman & Associates, PLLC Address 7924 Broadway Suite 104 Street _____ Pearland, TX 77581 City State ZIP Code _____ Email or website address _____ _____ Who made the payment, if not debtor? _____ _____	Attorney's Fee	3/16/2021	\$10,000.00

Debtor Aquilon Energy Services, Inc.
Name

Case number (if known) _____

11.2.	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
	Michael Best & Friedrich, LLC		2/2021	\$30,387.03
	Address Po Box 88462 Street Milwaukee, WI 53288-8462 City State ZIP Code			
	Email or website address			
	Who made the payment, if not debtor?			

11.3.	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
	HoganTaylor LLP		3/2021-4/2021	\$14,500.00
	Address 2222 S Utica Pl Ste 200 Street Tulsa, OK 74114-7013 City State ZIP Code			
	Email or website address			
	Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None

12.1.	Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
	Trustee			

Debtor Aquilon Energy Services, Inc.
Name

Case number (if known) _____

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None

13.1.	Who received the transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
	<u>Bruce Power</u>	<u>License for use of TBOP Application</u>	<u>4/2020</u>	<u>\$125,000.00</u>
	Address <u>177 Tie Road</u> Street <u>Tiverton, Ontario N0G2T0,</u> City State ZIP Code			
	Relationship to debtor <u>Customer</u>			
13.2.	Who received the transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
	<u>BP Energy Services</u>	<u>Copy of core Aquilon software provided in exchange for \$400K investment to fund operations as BP performed due diligence</u>	<u>3/2020</u>	<u>(Unknown)</u>
	Address <u>201 Helios Way</u> Street <u>Houston, TX 77079-2678</u> City State ZIP Code			
	Relationship to debtor <u>Potential investor</u>			

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy
14.1. <u>1001 Warrenville Rd</u> Street <u>1001 Warrenville Rd</u> <u>Lisle, IL 60532-1391</u> City State ZIP Code	From <u>3/2012</u> To <u>4/2020</u>

Part 8: Health Care Bankruptcies

Debtor Aquilon Energy Services, Inc.
Name _____

Case number (if known) _____

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:
 —diagnosing or treating injury, deformity, or disease, or
 —providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. _____ Facility name	_____	_____
_____	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.	How are records kept?
Street		

City State ZIP Code	_____	Check all that apply:
	_____	<input type="checkbox"/> Electronically
		<input type="checkbox"/> Paper

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**☐ No.☒ Yes. State the nature of the information collected and retained. Tax and payment information

Does the debtor have a privacy policy about that information?

☐ No☒ Yes**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit?**☐ No. Go to Part 10.☒ Yes. Does the debtor serve as plan administrator?☐ No. Go to Part 10.☒ Yes. Fill in below:

Name of plan	Employer identification number of the plan
ADP 401k Plan number 226540	EIN: <u>4</u> <u>5</u> - <u>5</u> <u>5</u> <u>9</u> <u>3</u> <u>2</u> <u>0</u> <u>2</u>
Has the plan been terminated?	
<input type="checkbox"/> No	
<input checked="" type="checkbox"/> Yes	

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Debtor Aquilon Energy Services, Inc.
Name

Case number (if known) _____

Owner's name and address	Location of the property	Description of the property	Value
Name			
Street			
City State ZIP Code			

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?**

Include settlements and orders.

- ☒ No
- ☐ Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
	Name		<input type="checkbox"/> Pending
Case number	Street		<input type="checkbox"/> On appeal
	City State ZIP Code		<input type="checkbox"/> Concluded

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
- ☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		
Street	Street		
City State ZIP Code	City State ZIP Code		

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No
- ☐ Yes. Provide details below.

Debtor Aquilon Energy Services, Inc.
Name

Case number (if known) _____

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____	Name _____	_____	_____
Street _____	Street _____	_____	
_____	_____	_____	
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____	_____	

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☐ None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. <u>Aquilon Energy Services LTD</u> Name _____	_____	EIN: <u>8 4 - 2 2 6 7 8 8 2</u>
Street _____		Dates business existed
_____		From _____ To _____
City _____ State _____ ZIP Code _____		

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address	Dates of service
26a.1. <u>HoganTaylor LLP</u> Name _____	From <u>2020</u> To <u>2021</u>
<u>2222 S Utica Pl Ste 200</u> Street _____	

<u>Tulsa, OK 74114-7013</u> City _____ State _____ ZIP Code _____	
Name and address	Dates of service
26a.2. <u>Dugan & Lopatka CPAs</u> Name _____	From <u>2012</u> To <u>2021</u>
<u>4320 Winfield Rd Ste 450</u> Street _____	

<u>Warrenville, IL 60555-4036</u> City _____ State _____ ZIP Code _____	

Debtor Aquilon Energy Services, Inc.
Name

Case number (if known) _____

Name and address

Dates of service

26a.3. Anna Dynia CPA, LLC From _____ To 2020
Name
20 Danada Sq W Unit 120
Street
Wheaton, IL 60189-2000
City State ZIP Code

Name and address

Dates of service

26a.4. Jack Kendryna From 2018 To 2020
Name
808 Travis St Ste 400
Street
Houston, TX 77002-5791
City State ZIP Code

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address

Dates of service

26b.1. HoganTaylor LLP From 2020 To 2021
Name
2222 S Utica Pl Ste 200
Street
Tulsa, OK 74114-7013
City State ZIP Code

Name and address

Dates of service

26b.2. Dugan & Lopatka CPAs From 2012 To 2021
Name
4320 Winfield Rd Ste 450
Street
Warrenville, IL 60555-4036
City State ZIP Code

Name and address

Dates of service

26b.3. Anna Dynia CPA, LLC From _____ To 2020
Name
20 Danada Sq W Unit 120
Street
Wheaton, IL 60189-2000
City State ZIP Code

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Debtor Aquilon Energy Services, Inc.
Name

Case number (if known) _____

Name and address

If any books of account and records are unavailable, explain why

26c.1.

HoganTaylor LLP

Name

2222 S Utica Pl Ste 200

Street

Tulsa, OK 74114-7013

City

State

ZIP Code

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address

26d.1.

BP Energy Company

Name

201 Helios Way

Street

Houston, TX 77079-2678

City

State

ZIP Code

Name and address

26d.2.

J. Aron & Company LLC

Name

200 West St

Street

New York, NY 10282-2102

City

State

ZIP Code

Name and address

26d.3.

Macquarie Energy LLC

Name

500 Dallas St Ste 3200

Street

Houston, TX 77002-4804

City

State

ZIP Code

Name and address

26d.4.

Morgan Stanley Capital Group Inc

Name

1585 Broadway

Street

New York, NY 10036

City

State

ZIP Code

Debtor Aquilon Energy Services, Inc.
Name

Case number (if known) _____

Name and address

26d.5. Citigroup Energy, Inc.
Name

2700 Post Oak Ste 400
Street

Houston, TX 77056
City State ZIP Code

Name and address

26d.6. VAKT
Name

1 Canada Square Floor 24
Street

London, England E14 5AB,
City State ZIP Code

Name and address

26d.7. KOMGO
Name

20 Rue Adrien-Lachenal 1207
Street

Geneva Switzerland,
City State ZIP Code

Name and address

26d.8. ION Group
Name

1221 Lamar St Ste 500
Street

Houston, TX 77010-3109
City State ZIP Code

Name and address

26d.9. EKA Software ICE
Name

101 Merritt 7 Corporate Park Suite 300
Street

Norwalk, CT 06851
City State ZIP Code

Name and address

26d.10. SS&C
Name

80 Lambert Rd
Street

Windsor, CT 06095-2136
City State ZIP Code

Debtor Aquilon Energy Services, Inc.
Name

Case number (if known) _____

Name and address

26d.11. Capsire
Name
15810 Park Ten Pl Ste 170
Street
Houston, TX 77084-5140
City State ZIP Code

Name and address

26d.12. SVD Capital
Name
2925 Woodside Rd
Street
Woodside, CA 94062-2443
City State ZIP Code

Name and address

26d.13. Trilogy
Name
332 6 Ave SW
Street
Calgary Alberta Canada AB T2P 0B2,
City State ZIP Code

Name and address

26d.14. Energy One
Name
Level 13, 77 Pacific Highway
Street
North Sydney NSW 2060,
City State ZIP Code

Name and address

26d.15. Whipstick Ventures
Name
121 High Ridge Ave
Street
Ridgefield, CT 06877-4402
City State ZIP Code

Name and address

26d.16. Trellis
Name
33 New Montgomery St Ste 850
Street
San Francisco, CA 94105-4539
City State ZIP Code

Debtor Aquilon Energy Services, Inc.
Name

Case number (if known) _____

Name and address

26d.17. Mobius
Name
5847 San Felipe St Ste 2502
Street
Houston, TX 77057-3263
City State ZIP Code

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

**Date of
inventory**

**The dollar amount and basis (cost, market, or
other basis) of each inventory**

Name and address of the person who has possession of inventory records

27.1. _____
Name

Street

City State ZIP Code

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
<u>Bhagesh Malde</u>	<u>151 W 42nd St New York, NY 10036-6563</u>	<u>Director,</u>	<u>0.00 %</u>
<u>Jeremy Novak</u>	<u>530 E 90th St Apt 4D New York, NY 10128-7914</u>	<u>Director,</u>	<u>0.00 %</u>
<u>Ben McDonald</u>	<u>530 E 90th St Apt 4D New York, NY 10128-7914</u>	<u>Director,</u>	<u>0.00 %</u>
<u>Randy Wilson</u>	<u>808 Travis St Ste 400 Houston, TX 77002-5791</u>	<u>Officer,</u>	<u>0.00 %</u>
<u>Don Kobetsky</u>	<u>808 Travis St Ste 400 Houston, TX 77002-5791</u>	<u>Officer,</u>	<u>0.00 %</u>

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☐ No

☒ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
<u>Bill Hartnet - Citi</u>	<u>388 Greenwich St New York, NY 10013-2362</u>	<u>Director,</u>	From <u>8/2017</u> To <u>5/2020</u>
<u>Charles Bayless</u>	<u>301 Woodbine Ave Narberth, PA 19072-1912</u>	<u>Director,</u>	From <u>8/2017</u> To <u>5/2020</u>

Debtor Aquilon Energy Services, Inc.
Name

Case number (if known) _____

<u>Michael Egan</u>	<u>911 Euclid Ave Winnetka, IL 60093</u>	<u>Officer, \$250,000</u>	From <u>8/2017</u> To <u>5/2020</u>
<u>Frank Egan</u>	<u>151 W 42nd St New York, NY 10036</u>	<u>Director, \$250,000</u>	From <u>8/2017</u> To <u>5/2020</u>
<u>Sarita Mandanna</u>	<u>17 Prince Arthur St Toronto, Ontario, Canada</u>	<u>Director,</u>	From <u>8/2017</u> To <u>5/2020</u>
<u>Juan Muldoon - Energize Ventures</u>	<u>1 S Wacker Dr Ste 1620 Chicago, IL 60606-4671</u>	<u>Director,</u>	From <u>1/2020</u> To <u>5/2020</u>
<u>Sam McNair - Macquarie</u>	<u>333 Clay St Ste 4200 Houston, TX 77002-4006</u>	<u>Director,</u>	From <u>8/2017</u> To <u>5/2020</u>
<u>Georgia Watson - Goldman Sachs</u>	<u>122 Fleet St London, UK EC4A2BB</u>	<u>Director,</u>	From <u>8/2017</u> To <u>5/2020</u>

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No☒ Yes. Identify below.

Name and address of recipient		Amount of money or description and value of property	Dates	Reason for providing the value
30.1. <u>Randy Wilson</u> Name <u>808 Travis St Ste 400</u> Street <u>Houston, TX 77002-5791</u> City State ZIP Code		<u>\$375,000.00</u>	<u>Annual</u>	<u>Salary paid semi-monthly</u>
Relationship to debtor <u>Chief Executive Officer</u>				
30.2. <u>Donald Kobetsky</u> Name <u>808 Travis St Ste 400</u> Street <u>Houston, TX 77002-5791</u> City State ZIP Code		<u>\$180,000.00</u>	<u>Annual</u>	<u>Salary paid semi-monthly</u>
Relationship to debtor <u>Chief Technology Officer</u>				

Debtor Aquilon Energy Services, Inc.
Name _____

Case number (if known) _____

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☒ No☐ Yes. Identify below.

Name of the parent corporation _____

Employer Identification number of the parent corporation _____

EIN: ____ - ____ - ____ - ____ - ____

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

☒ No☐ Yes. Identify below.

Name of the pension fund _____

Employer Identification number of the pension fund _____

EIN: ____ - ____ - ____ - ____ - ____

Part 14: Signature and Declaration**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 05/03/2021
MM/ DD/ YYYY**X** /s/ Randy Wilson
Signature of individual signing on behalf of the debtorPosition or relationship to debtor
Chief Executive OfficerPrinted name Randy WilsonAre additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?☒ No☐ Yes

B2030 (Form 2030) (12/15)

United States Bankruptcy Court

Southern District of Texas

In re Aquilon Energy Services, Inc.

Case No. _____

DebtorChapter 7**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$10,000.00
Prior to the filing of this statement I have received	\$10,000.00
Balance Due	\$0.00

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

representation of the Client in any other matters following the bankruptcy case filing including contested matters, adversary proceedings, 2004 examinations or similar discovery.

B2030 (Form 2030) (12/15)

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

05/03/2021
Date

/s/ Randy Williams
Randy Williams
Signature of Attorney

Bar Number: 21566850
Byman & Associates, PLLC
7924 Broadway Suite 104
Pearland, TX 77581
Phone: (281) 884-9269

Byman & Associates, PLLC
Name of law firm

**IN THE UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION**

IN RE: **Aquilon Energy Services, Inc.**

CASE NO

CHAPTER 7

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 05/03/2021 Signature /s/ Randy Wilson
Randy Wilson, Chief Executive Officer

A Super Shine

Alba S Godoy
Po Box 550863
Houston, TX 77255-0863

ADP

1 Adp Blvd
Roseland, NJ 07068-1728

Advent Systems, Inc.

435 W Fullerton Ave
Elmhurst, IL 60126-1404

All Savers Health Plans and
Services

3100 Ams Blvd
Green Bay, WI 54313-9700

Allegro Development
Corporation

600 N Pearl St Ste 2000
Dallas, TX 75201-2822

American Airlines, Inc

AAirpass Customer Service - MD4106
4255 Amon Carter Blvd
Fort Worth, TX 76155-2603

Anna Dynia CPA, LLC

20 Danada Sq W Unit 120
Wheaton, IL 60189-2000

Aon Risk Services Central,
Inc.

75 Remittance Dr Dept 1926
Chicago, IL 60675-1926

Arch Insurance Company
210 Hudson St Ste 300
Jersey City, NJ 07311-1206

Atlassian
1098 Harrison St
San Francisco, CA 94103-4521

Bank of America NA
20 Greenway Plz Ste 700
Houston, TX 77046-2006

BlueCross BlueShield of
Illinois
Health Care Service Corporation
25550 Network Pl
Chicago, IL 60673-1255

BMD Consulting
Po Box 40249
Austin, TX 78704-0005

Bruce Power LP
Bldg 1540, Bldg B10
177 Tie Road
Kincardine, ON, Canada N06 2T0

Cameron Management
808 Travis St Ste 102
Houston, TX 77002-5775

Canteen Refreshment
Services
Division of Compass Group
940 Lively Blvd
Wood Dale, IL 60191-1204

CCM-Cameron Esperson
Owner, LP
808 Travis St Ste 102
Houston, TX 77002-5775

Centerpoint Energy Services
Inc
Po Box 1374
Houston, TX 77251-1374

Century Link
Executive Plaza III
11350 McCormick Rd Ste 800
Hunt Valley, MD 21031-1002

Certify, Inc.
Po Box 780965
Philadelphia, PA 19178-0965

Charles Bayless Arizona
7300 N Sunset Canyon Dr
Tucson, AZ 85718-1258

Charles Bayless NC
403 Tuttle Rd
Durham, NC 27703-8386

CIMA Energy LP
1221 McKinney St Ste 3700
Houston, TX 77010-2046

Citadel Americas LLC
131 S Dearborn St
Chicago, IL 60603-5517

Citigroup Energy, Inc.
2700 Post Oak Ste 400
Houston, TX 77056

City of Chicago
22149 Network Pl
Chicago, IL 60673-1221

Clear Investigative
2801 Network Blvd #101
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Comcast Inc
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ComEd, Inc.
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Officers, Inc.
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The Woodlands, TX 77382-1506

Commodity Risk Advisors, LLC
6010 Blossom St
Houston, TX 77007-5002

Commodity Technology
Advisory LLC
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Sugar Land, TX 77479-6538

Concurrency, Inc.
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Brookfield, WI 53005-6211

CoverWallet Inc
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Energize Ventures
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Inc
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Houston, TX 77056-3831

ENI Trading and Shipping Inc
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